CLAIMS ONLY

Application Number	Filing Date
09/961055	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54				6		
5							55				6		
6							56				6		
7							57				6		
8							58				6		
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19				2			69						
20							70						
21				3			71						
22							72						
23							73						
24				8			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32				6			82						
33				6			83						
34				6			84						
35				6			85						
36				6			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44				3			94						
45				3			95						
46				3			96						
47				3			97						
48							98						
49							99						
50							100						
Total Indep							Total Indep			18			
Total Depend							Total Depend			79			
Total Claims							Total Claims			97			